Los Angeles County Sheriff's Department Officer Involved Shooting

Page 1 of Report Date: Bureau/Station/Facility Admin. Invest.? Hit? 1 September 24, 2018 Central Patrol Division / East Los Angeles Station Incident Information Time September 24, 2018 018-14036-0272-013 2326 hours City or Station: Nature of Incident East Los Angeles Station Deputies contacted an armed suspect during a traffic stop. A struggle ensued which led to deputy involved shooting. Meisner St., East Los Angeles 90063 Location Type Lighting (check only one): Incident Type (check one or more): Initiated by (check only one): (check one or more): Accidental Arrest Warrant Darkness Backyard Armed Person Call Daylight Beach Fleeing Suspect Observation Other Business Foot Pursuit One Person Unit Street Lights Gun Take Away Freeway Other Moving Vehicle Industrial Search Warrant Weather (circle only one): Sniper/Ambush Park Two Person Unit ✓ Clear Startle Parking Lot Cloudy
Fog
Rain Struggle Involved Prior Activity (check only one): Residence √ Traffic Stop Rural Detective Unarmed Person School Inmate Transport Unintentional ✓ Street Other Distance: Vehicle Pursuit Routine Patrol 2-3 Feet Other: Warrant Service Total # of Shots Fired by Suspect Total # of Shots Fired by Deputy Warning Shot Aero Unit? Canine Unit? 3 Other: **Employee Witnesses** Last Name First Name ShiftTime (check only one): ShiftType (check only one) Employee # Strosnider D. EM PM Day Regular Overtime Off Duty John ShiftTime (check only one): ShiftType (check only one): Employee # Last Name First Name M.I. EM PM Day Regular Overtime Off Duty ShiftType (check only one):
Regular Overtime Off Duty First Name M.I. ShiftTime (check only one): Employee # Last Name EM PM Day Non-Employee Witnesses First Name M.I. Last Name Work Ph City Zip Street Ac First Name M.I Last Name Work Ph Street Address City Zip Last Name First Name City Zip Co Street Addres Supervisors (check one or more): Employee # Last Name First Name M.I. ✓ On Duty Witness to shooting Arcos Joanne M. Present during shooting Involved in shooting First Name (check one or more): Employee # Last Name M.I. ✓ On Duty Witness to shooting Bernas Joseph Present during shooting Involved in shooting Watch Sergeant First Name M.I. Employee# Last Name Mark A. Sunagawa Watch Commander Last Name First Name Employee # Mario NMN Castro

	PSTD Use Only
SH#	2464907

Officer Involved Shooting Involved Employee Information

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				Involved	l Emplo	oyee					
E_1	Employee #	Last Name		Romero			First N	Jenn		M.I. N N	MN
	Sex: F Race: H	Rank: DSG		Unit Assignme East Los A	^{nt:} \ngeles	Station	Work As	ssignment (Unit #, Module 21			
	ShiftTime (<i>circle only one</i>): BM PM Day	ShiftType (circle only one): Regular Overtime	Off Duty	Intoxication/Di	ug Usage?	?	Substar	nce Used:			
	Hospital Admission?	Hospital Name:		Coroner Case	?		Corone	r Case #	T I	nterviewed? [√
	Hrs of sleep prior to shooting 2.5	p: Duty Time (hrs): 8		(circle only one): Clothes no Vest		ket w/ Vest	Other F	actors:			
	Age: Height:	506 Weight: 150		Clothes w/ Vest Jacket no Vest	Uniform						
	Range Qualification Date:		PPC Qu	alification Date:				Laser Training Date:			
	Certified with Weapon Used?	Patrol Certification?		ation Unit:		Prior Shoot	ings?	Number of Prior Shootings:	Directed		
		Wesson Caliber 9mi	m #S	hots 3	Weapons Brand:	s Fired		Caliber	# S	Shots	
	Field Training Officer Emp #						First Na			M.I.	
	Field Training Officer Emp #	Last Name					First Na	ame		M.I.	
E	Employee #	Last Name					First N	lame		M.I.	
	Sex: Race:	Rank:		Unit Assignme	nt:		Work As	ssignment (Unit #, Module	e, etc.):		
	ShiftTime (circle only one):	ShiftType (circle only one):	Off Duty	Intoxication/Dr	rug Usage?	, 🔲	Substar	nce Used:			
	Hospital Admission?	Hospital Name:	On Duty	Coroner Case	? 🗍		Corone	r Case #	1	nterviewed? [\Box
	Hrs of sleep prior to shooting	g: Duty Time (hrs):	i	(circle only one):		1	Other F	actors:			hJ
	Age: Height:	Weight:	Plain	Clothes no Vest Clothes w/ Vest Jacket no Vest	Uniform Uniform						
	Range Qualification Date:		PPC Qu	alification Date:				Laser Training Date:			
	Certified with Weapon Used?	Patrol Certification?	Certifica	ation Unit:		Prior Shoo	otings?	Number of Prior Shootings:	Directe	d Force:	
	Weapons Fired Brand:	Caliber	# S	hots	Weapons Brand:	s Fired		Caliber	# S	hots	
	Field Training Officer Emp #						First Na			M.I.	
	Field Training Officer Emp #	Last Name			SEASON AND SEASON	Marie Control Control	First Na	ame		M.I.	
E	Employee #	Last Name		ada socio della competa con contra si a	201120000000000000000000000000000000000		First N	lame	MARKATON COLORES STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STATEMENT STA	M.I.	
	Sex: Race:	Rank:		Unit Assignme	nt:		Work As	ssignment (Unit #, Module	e, etc.):		
	ShiftTime (circle only one): BM PM Day	ShiftType (circle only one): Regular Overtime	Off Duty	Intoxication/Di	rug Usage?		Substar	nce Used:			
	Hospital Admission?	Hospital Name:			?		Corone	r Case #	ı	nterviewed? [
				(circle only one): Clothes no Vest		ket w/ Vest	Other Factors:				
	Age: Height: Weight: Plain			Clothes w/ Vest Uniform no Vest Jacket no Vest Uniform w/ Vest							
	Range Qualification Date:		PPC Qu	alification Date:				Laser Training Date:			
	Certified with Weapon Used?	Patrol Certification?	Certifica	ation Unit:		Prior Shoo	otings?	Number of Prior Shootings:		d Force:	
	Weapons Fired Brand:	Caliber	# S	hots	Weapons Brand:	s Fired		Caliber	# S	Shots	
	Field Training Officer Emp #	Last Name					First Na	ame		M.I.	
	Field Training Officer Emp #	Last Name					First Na	ame		M.i.	



HDN

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	Suspect Information								
S 1	Last Name	Pena		First Name		Ivan	M.I. NMN		
	AKA Last Name			First Name			M.I.		
	Cav Page.	Santos Street Address:		City.	, <u></u>	Ivan	NMN State & Zip Code:		
	Sex: M Race: H		0	City					
	Work Phone:	Home Phone:	Social Sec	u u u u u u u u u u u u u u u u u u u		Driver's License #			
	Age: 46 D.O.B. 04/22/76	Height: 509 Weight: 180	FBI#			CII#			
	Booking #	Primary Charge:		Secondary	Charge:				
	Coroner Case?	Coroner Case # 2018-07398	MANAGEMENT CONTROL CON	Intoxication/Drug Usage?	? ✓	Substance Used: Alc	cohol		
	Armed? ✓	Apprehended? ✓		Mental Illness?		Criminal History?			
	Vehicle Make	Honda		Model: Accord		Year: 2	2009		
s	Last Name			First Name			M.I.		
	AKA Last Name			First Name			M.I.		
	Sex: Race:	Street Address:		City			State & Zip Code:		
	Work Phone:	Home Phone:	Social Sec	urity #:		Driver's License #:			
	Age: D.O.B.	Height: Weight:	FBI#			CII#			
	Booking #	Primary Charge:		Secondary	Charge:				
	Coroner Case?	Coroner Case #		Intoxication/Drug Usage	?	Substance Used:			
	Armed?	Apprehended?		Mental Iliness?		Criminal History?			
	Vehicle Make			Model:		Year:			
	1								
s	Last Name			First Name	****************		M.I.		
s	Last Name AKA Last Name			First Name			M.I.		
S		Street Address:							
S	AKA Last Name	Street Address: Home Phone:	Social Sec	First Name City		Driver's License #:	M.I.		
S	AKA Last Name Sex: Race:		Social Sec	First Name City		Driver's License #:	M.I.		
s	AKA Last Name Sex: Race: Work Phone:	Home Phone:		First Name City	Charge:		M.I.		
S	AKA Last Name Sex: Race: Work Phone: Age: D.O.B.	Home Phone: Height: Weight:		First Name City surity #:			M.I.		
S	AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking #	Home Phone: Height: Weight: Primary Charge:		First Name City curity #: Secondary		CII#	M.I.		
S	AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case?	Home Phone: Height: Weight: Primary Charge: Coroner Case #		First Name City urity #: Secondary Intoxication/Drug Usage/		CII # Substance Used:	M.I.		
	AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case? Armed?	Home Phone: Height: Weight: Primary Charge: Coroner Case #		First Name City urity #: Secondary Intoxication/Drug Usage* Mental Illness?		CII # Substance Used: Criminal History?	M.I.		
S	AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make	Home Phone: Height: Weight: Primary Charge: Coroner Case #		First Name City surity #: Secondary Intoxication/Drug Usage/ Mental Illness? Model:		CII # Substance Used: Criminal History?	M.I. State & Zip Code:		
	AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make	Home Phone: Height: Weight: Primary Charge: Coroner Case #		First Name City urity #: Secondary Intoxication/Drug Usage/ Mental Illness? Model: First Name		CII # Substance Used: Criminal History?	M.I. State & Zip Code:		
	AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make Last Name AKA Last Name	Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended?		First Name City urity #: Secondary Intoxication/Drug Usage/ Mental Illness? Model: First Name First Name City		CII # Substance Used: Criminal History?	M.I. State & Zip Code: M.I. M.I.		
	AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make Last Name AKA Last Name Sex: Race:	Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended? Street Address:	FBI#	First Name City urity #: Secondary Intoxication/Drug Usage/ Mental Illness? Model: First Name First Name City		CII # Substance Used: Criminal History? Year:	M.I. State & Zip Code: M.I. M.I.		
	AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make Last Name AKA Last Name Sex: Race: Work Phone:	Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended? Street Address: Home Phone:	FBI#	First Name City urity #: Secondary Intoxication/Drug Usage/ Mental Illness? Model: First Name First Name City	?	CII # Substance Used: Criminal History? Year: Driver's License #:	M.I. State & Zip Code: M.I. M.I.		
	AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B.	Home Phone: Height: Weight: Primary Charge: Coroner Case # Apprehended? Street Address: Home Phone: Height: Weight:	FBI#	First Name City urity #: Secondary Intoxication/Drug Usage* Mental Illness? Model: First Name First Name City curity #:	? Charge:	CII # Substance Used: Criminal History? Year: Driver's License #:	M.I. State & Zip Code: M.I. M.I.		
	AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking # Coroner Case? Armed? Vehicle Make Last Name AKA Last Name Sex: Race: Work Phone: Age: D.O.B. Booking #	Height: Weight: Primary Charge: Coroner Case # Apprehended? Street Address: Home Phone: Height: Weight: Primary Charge:	FBI#	First Name City urity #: Secondary Intoxication/Drug Usage/ Mental Illness? Model: First Name First Name City curity #:	? Charge:	CII # Substance Used: Criminal History? Year: Driver's License #: CII #	M.I. State & Zip Code: M.I. M.I.		

Officer Involved Shooting OIRN: 018-14036-0272-013

V.			Rollout Information				
Arrival Date Septe	ember 25, 18	Arrival Time 0045 hours	Date Submitted 20	[Date of Recommendation		
Employee #	Last Name	Carte	er	First Name	Quitman	M.I.	V.
Employee #	Last Name	Ferrer	as	First Name	Ernest	M.I.	Α.
Employee #	Last Name	Veato	ch .	First Name	Amber	M.I.	N.
		Shooti	na / Force Inform	ation			

				Shoot	ing / Force Informa	ition						
Meth	od					Ty	pe of Injur	y		Body	Pai	rt Injured
(AW) (BC) (BI) (BF) (CR) (CR) (CT) (TD) (CCT) (TCE) (FR) (FR) (FR) (FR) (FO)	Arwen Baton:(Control) Baton:(Impact) Bodily Fluids Canine Carotid Restraint Choke Hold Control Holds:(Control Te Control Holds:(Team Take Control Holds:(Takedown) Chemical Chemical Agents (OC Spr Chemical Agents (Tear Gi Explosives Firearm (Handgun) Firearm (Rifle) Firearm (Shotgun) Firearm (Other) Flashbang Flashlight Other Weapon: Edged	edown)) ray)	(OV) (OB) (OB) (OV) (PK) (PF) (PP) (PP) (RS) (CN) (RH) (TP) (SP) (SP) (SB) (ST) (TR) (UC)	Other Weapon Personal We Personal We Personal We Personal We Personal We Resistance Restraint Der Re	on: Blunt Object on: Other apon: Feet/Leg: (Kick) apon: Feet/Leg: (Sweep) apon (Hand/Arm) apon (Push) apon (Other) vice (Capture Net) vice (Handcuffs) vice:Hobble (Legs Only) vice:REACT Belt	(AB (BR) (CP) (CC) (DH) (DI) (FR) (GS) (HBC (CD) (PA) (PA) (ST) (UN) (ST) (UN)	Abrasion Abrasion Bruise Burn Complaint Concussion Death Dislocation Fractures Gunshot Human Bit Laceration Nerve Dar Paralysis Puncture V Sprain/Tw	te ns mage mage Wound e Damaists		(AD) (AK) (BK) (BT) (BE) (BF) (BF) (BF) (BF) (BF) (BF) (BF) (BF	Abban Ann Ann Ann Ball Bull Chine Elli Fall Fee Firm George Hall Hellint Kn	domen kle m cck ttocks lest bow ce et ngers mitals oin ad bed ernal ees
Bran (AK) (BN) (BR) (CH) (CO) (DA) (GL) (HA) (HK) (HK)	d AK-47 Benelli Beretta Browning Charter Arms Colt Davis Industries Glock Harrington & Richardson Hi Standard H & K Ithica	(IV) (JE) (LO) (LU) (MA) (MO) (NC) (NA) (NO) (RA) (RM) (RG) (RI)	Iver Johnson Jennings Lorcin Luger Marlin Mossberg NCI aka SKS North Americ Norinco Raven Remington RG	(SW) (SR) (SS) (ST) (TA) (WE)	Rossi Smith & Wesson Sturm Ruger SIG Sauer Sterling Taurus Weatherby Winchester US Government Handmade (Inmate) Homemade (Non-Inmate) Other Brand	(RM (NN (9) (10) (12) (20) (21) (22) (23)	•	(24) (25) (30) (35) (36) (38) (40)	.243 ca .25 calii .308 ca .357 ca 30-60 ci .38 calii .40 calii	liber (ber (liber (aliber (ber (ber (ber (ber (ber (ber (ber ((41) (44) (45) (50) (SL) (WW)	

FORCE APPLIED (one code per block)

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Brand (Code)	Caliber (Code)	Authorized Weapon? (Y/N)	Authorized Ammunition? (Y/N)	Type of Injury (Code)	Body Part (Code)
S #1	E #1	FH	TA	9mm			NN	NN
S #1	E #2	FH	TA	9mm		- COMMITTEE COMM	NN	NN
E #2	S #1	FH	SW	9mm	Y	Y	GS	AD
1								
Management vv. 0 v 10 v 10 v 10 v 10 v 10 v 10 v 1						11.11110.000000000000000000000000000000		
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